

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #		Postmark		Date Received		Notification #																													
<b>I. Type of Notification (check one):</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																																			
<b>II. Facility Description</b> Building Name: <u>Draper Lofts</u> Address: <u>901 Draper Ave</u> City: <u>Rotterdam</u> State: <u>NY</u> Zip Code: <u>12306</u> County: <u>Schenectady</u> Site Location: <u>Same</u> Building Size (square feet): <u>120,000</u> # of Floors: <u>3</u> Age in Years: <u>40+</u> Present Use: <u>Vacant</u> Prior Use: <u>School</u>																																			
<b>III. Type of Operation (check one):</b> <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																			
<b>IV. Is Asbestos Present? (check one):</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																			
<b>V. Facility Information</b> Owner Name: <u>Draper Lofts LLC</u> Address: <u>901 Draper Ave</u> City: <u>Rotterdam</u> State: <u>NY</u> Zip Code: <u>12306</u> Contact: <u>Peter Gutos</u> Telephone: <u>518 316 4445</u> Fax: _____ Removal Contractor Name: <u>Capital Demolition LLC</u> Address: <u>4456 State RT-30</u> City: <u>Amsterdam</u> State: <u>NY</u> Zip Code: <u>12010</u> Contact: <u>T. Reed</u> Telephone: <u>518 212 2900</u> Fax: <u>518 212 2902</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( ) _____ Fax: _____																																			
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<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> Start: <u>9/27/16</u> Complete: <u>9/27/17</u>																																			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																												
Hours of Operation:	<u>7-330</u>				<u>→</u>	<u>X</u>	<u>X</u>																												

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X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

ICR 56 wet methods

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

ICR 56 wet methods

XII. Waste Transporter #1

Name: Action waste

Address: Box 181

City: West Sand Lake

Contact: Diane Rich

State: NY

Zip Code: 12196

Telephone: (518) 788 6726

Waste Transporter #2

Name:

Address:

City:

Contact:

State:

Zip Code:

Telephone: ( )

XIII. Waste Disposal

Name: Albany County Landfill

Address: Rapp Rd

City: Albany

Contact: Diane

State: NY

Zip Code: 12205

Telephone: (518) 869 9652

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order:

Title:

3. Authority of Order (Citation of Code):

4. Date of Order (MM/DD/YY):

Date Ordered to Begin

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency:

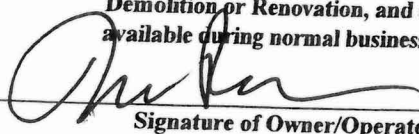
2. Description of the Sudden, Unexpected Event:

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

ICR 56

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

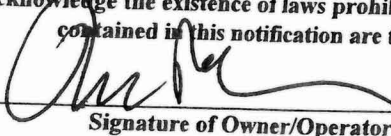


Signature of Owner/Operator

9/15/16  
Date

Thomas Reed  
Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

9/15/16  
Date

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Type or Print Name and Title

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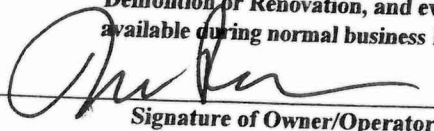
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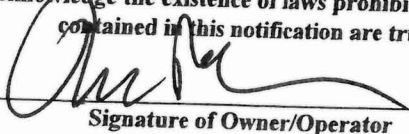
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